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APPLICANTS

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** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none DG*IF REQUIRED, FOREIGN FILING LICENSE GRANTED *DG*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	DRAWING 5	CLAIMS 13	CLAIMS 3
Verified and Acknowledged Examiner's Signature	<i>DG</i>	Initials			

ADDRESS

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TITLE

Mapping test mux structure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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